

## Background

The occurrence of de novo systemic lupus erythematosus (SLE) during the gestational period and the postpartum phase is a rare phenomenon, especially when concomitant with diagnostically complicated pre-eclampsia. In this case study, we elucidate the clinical course of a patient who manifested new-onset SLE alongside lupus nephritis during pregnancy, subsequently progressing to cerebral lupus during the postpartum interval. The initial clinical presentation closely resembled pre-eclampsia upon addition.

## Case Summary

In her otherwise uneventful second pregnancy, a 24-year-old mother underwent an emergency cesarean section at 26 weeks of gestation due to preeclampsia and fetal distress, resulting in the delivery of a stillborn fetus. Three weeks into her postpartum recovery, she developed symptoms of upper respiratory tract infection, accompanied by fever, inflammatory joint pain, generalized oedema, and worsening frothy urine. She was found to have elevated blood pressure and significant oedema, with a urine analysis revealing 3+ proteinuria. Subsequent diagnosis revealed systemic lupus erythematosus (SLE) complicated by lupus nephritis. Treatment was initiated, but during treatment, she also developed cerebral lupus, which manifested as seizures.

## Conclusion

Distinguishing between underlying systemic lupus erythematosus (SLE) and preeclampsia during pregnancy presents a significant challenge. In cases of preeclampsia, the possibility of new-onset SLE should be regarded as a potential differential diagnosis.